

3884

ROYAL NEWFOUNDLAND REGT.

Deceased 10-7-52

1914-1918



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 3884 Name John A. Spencer Corps Arms

### Questions to be put to the Recruit before Enlistment.

- |  |                                     |
|--|-------------------------------------|
| 1. What is your name? .....  | 1. <u>John A. Spencer</u>           |
| 2. What is your full Address? .....  | 2. <u>Shears Town</u>               |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>                       |
| 4. What is your age? .....   | 4. <u>24</u> Years <u>10</u> Months |
| 5. What is your Trade or Calling? .....  | 5. <u>Clergyman</u>                 |
| 6. Are you Married? .....  | 6. <u>No</u>                        |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                             | 7. <u>No</u>                        |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <u>Yes</u>                       |
| 9. Are you willing to be enlisted for General Service? .....   | 9. <u>Yes</u>                       |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? .....                                     | 10. { Name .....                    |
|  | { Corps .....                       |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... | 11. <u>Yes</u>                      |

I, John Albert Spencer, do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

John Albert Spencer SIGNATURE OF RECRUIT.

Benjamin Smith Signature of Witness.

F27-6-17

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, John A. Spencer, do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

### CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 27 day of June 1915.

Signature of Attesting Officer W. H. ...

### CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the:

If enlisted by special authority, such will be attached to the original attestation.

Date.....191..... } Approving Officer.  
Place..... }

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.  
‡ Here insert the "Corps" for which the Recruit has been enlisted.

\* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name).....re-enlisted in the (Regiment).....on the (Date).....

## DESCRIPTIVE REPORT ON ENLISTMENT

Applicable to all ranks. To correspond with entries on the Medical History Sheet.

Name John A. Spencer  
 Apparent age 24 years 10 months. Height 5 feet 6 1/2 inches  
 Chest Measurement { Girth when fully expanded 41 inches  
   Range of expansion 3 1/2 inches  
 Distinctive marks \_\_\_\_\_

### INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs Susanna Badock  
Shears Town Hoboken, N.J. Relationship Mother  
 Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.  
 (c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

### Particulars as to Children

Christian Names	Date and Place of Birth

### STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									
Joined at _____ on _____									
Total Service forfeited as above.....									

Total Service towards Engagement to \_\_\_\_\_ (date of discharge) \_\_\_\_\_ years \_\_\_\_\_ days  
 Pensions " \_\_\_\_\_ " \_\_\_\_\_ " \_\_\_\_\_ " \_\_\_\_\_ " \_\_\_\_\_

3884

## FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 3884 Name John A. Spencer Corps 7<sup>th</sup>

## Questions to be put to the Recruit before Enlistment.

1. What is your name? ..... 1. John A. Spencer  
Shears Town
2. What is your full Address? ..... }  
H. G. S.
3. Are you a British Subject? ..... 3. yes
4. What is your age? ..... 4. 24 years 10 Months
5. What is your Trade or Calling? ..... 5. Clergyman
6. Are you Married? ..... 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so, which? ..... 7. No
8. Are you willing to be vaccinated or re-vaccinated? ..... 8. yes
9. Are you willing to be enlisted for General Service? ..... 9. yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? ..... 10. { Name .....  
Corps .....
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... yes

I, John Albert Spencer do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

FOR THE DURATION OF THE WAR

SIGNATURE OF RECRUIT.

Signature of Witness.

## OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, John A. Spencer do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

## CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 27<sup>th</sup> day of June 1917

Signature of Attesting Officer

## † CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been compiled with. I accordingly approve, and appoint him to that

If enlisted by special authority, such will be attached to the original attestation.

Date ..... 191

Place .....

} Approving Officer.

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.

‡ Here insert the "Corps" for which the Recruit has been enlisted.

\* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name) ..... re-enlisted in the (Regiment) ..... on the (Date) .....



J. A. Spencer

C.R. 3884

P. & P.

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178<sup>A</sup> to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

### MEDICAL HISTORY OF

Surname *Spencer* Christian Name *J.A.*

TABLE I.—General Table.

Birthplace	Parish.....
	County.....
Examined	on.....day of.....191..
	at.....
Declared Age	years.....days.....
Trade or Occupation	.....
Height	feet.....inches.....
Weight	.....lb.....
Chest Measurement	(Girth when fully Expanded).....inches.....
	Range of Expansion.....inches.....
Physical Development	.....
Vaccination Marks	{ Arm.....RIGHT.....LEFT.....
	{ Number.....
When Vaccinated	.....
Vision	{ R.E.—V.....
	{ L.E.—V.....
(a) Marks indicating congenital peculiarities or previous disease—	.....
(b) Slight defects but not sufficient to cause rejection—	.....

Approved by .....  
Rank .....  
Medical Officer.

TABLE III.—Boards; Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief Details and Signature

TABLE IV.—Service Table.

Enlisted	at.....day of.....191..	
	at.....	on.....
Joined on enlistment	Corps <i>10th Hussars</i>	Regul. No. <i>3884</i>
Transferred to	.....	.....
Became non-effective by	.....	
	on.....day of.....191..	
(Signature)	.....	
(Rank)	.....	
Stations or Troops	Date of arrival or embarkation	Date of departure or disembarkation





To be used only for Special Reserve recruits and for Special Reservists enlisting into the Regular Army.

# NFLD

## MEDICAL HISTORY

### 1914-18

Surname Spencer Christian Name John

Table I.—GENERAL TABLE.



Birthplace:—Parish Charter Grace County \_\_\_\_\_

		SPECIAL RESERVE.					
Examined	.....	on <u>27</u> day of <u>June</u> 191 <u>7</u>	on	day of	191 <u>1</u>		
Declared Age	.....	at <u>Headquarters</u>	at				
Trade or Occupation	.....	<u>24</u> years <u>10</u> months		years	days		
Height	.....	<u>Clergyman</u>					
Weight	.....	<u>5</u> feet <u>6 1/2</u> inches		feet	inches		
Chest Measurement	Grith when fully expanded ... Range of Expansion ..	<u>145</u> lbs.		lbs.			
		<u>41</u> inches		inches			
		<u>4 1/2</u> inches		inches			
Physical Development	.....						
Vaccination Marks	Arm	Right	Left	Right	Left		
	Number	—	<u>1 Scar</u>				
When Vaccinated	.....						
Vision	.....	R.E.—V= <u>6/9</u> L.E.—V= <u>6/9</u>		R.E.—V= <u>7</u> L.E.—V= <u>7</u>			
(a) Marks indicating congenital peculiarities or previous disease	.....	(a)		(a)			
(b) Slight defects but not sufficient to cause rejection	.....	(b)		(b)			
Approved by (Signature)		<u>Lamont Peterson</u>					
(Rank)		<u>Major</u>					
		Medical Officer.			Medical Officer.		
Enlisted	.....	at <u>St. John's</u>	at				
Joined on Enlistment	.....	on <u>27</u> day of <u>June</u> 191 <u>7</u>	on	day of	191 <u>1</u>		
		Corps. _____		Corps.	Regtl. No.		
		<u>577293884</u>					
Transferred to	.....	ROYAL NEWFOUNDLAND REGIMENT					
Became non-effective by	.....	on	day of	191 <u>1</u>	on	day of	191 <u>1</u>
(Signature)							
(Rank)							

16.5.18

Table II.—Only for admission to hospital or to the sick list in case of Warrant Officers treated in quarters.



Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
London Gen. Hsp V. J. Jones S. W. 12 Sectional	16	4	18	6	5	18	9 Sw. neck	20	Reprints, bullet wounds, ant. post, neck, uncomplicated Discharged II 58 Victoria Street	W. Maceor M.D. CAPTAIN, R.A.M.C. (T.). Registrar, 415 London General Hospital.
Noted Ripon	15	5	18	5	9	18	—		Col. Be T.M.B.	

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, ac.: Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.



Date	Brief Details, and Signature
21-8-17	Vacc. <i>LD</i>
25-6-17	T.A.B. <i>LD</i>
9-7-17	<i>LD</i>
14-8-17	3 <i>LD</i>
5-9-18	B II (class) 6 months <i>Col. R. A. M. President</i> 
17-1-19	Recommenced Repatriation <i>WALKER</i> <i>1919</i>
<p>It is hereby certified that this soldier has been before the Standing Medical Board and has been classified as <u>B</u> for discharge on Demobilisation. Medical category <u>F</u></p> <p><i>11.3.16</i>  <small>Date of S.M.B.</small>    <small>Captain (Assistant Adjutant General) Discharge: Leprosy-New Zealand</small></p>	

TABLE IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation
<i>Huron</i>	<i>18-5-16</i>				

April 9th, 1919

Capt. Howley,  
O. I. C. Records.

Please pay to Mr. John A. Spencer, #3884, the sum of  
five dollars for taking inventory of Woodworking room.

\$5.00

*Handwritten initials*

*W. V. McNeill*  
Vocational Officer

*C. R. C.*

ADDRESS	
CH. No.	<i>1547</i>
IND. LEADER	
CH. LEADER	
DATE	

*John A. Spencer*

WWB/ME

February 27, 1920

Major Howley,  
O. I. C. Pay and Records

J. A. Spencer

Kindly furnish me with a sight draft on Montreal in favour of the above named man for the sum of one hundred and sixty dollars being the second moiety of the assistance granted to him by this Committee for a course in Divinity in Montreal and charge, the same to the Civil Re-establishment.

\$160.00

*Excl*

*WON*

Vocational Officer.

ACCOUNT	
CHK. NO. <i>31808</i>	INITIALS <i>JW</i>
INS. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

*Received draft*  
*Law P.*

May 20th 1921.

Major Howley,  
i/c Pay & Records,

*ja<sup>EW</sup>*

Please pay ~~Albert~~ J Spencer 3884  
the sum of fifty dollars in payment of transportation  
allowance from Montreal to St. John's. Charge same to  
the Civil Re-establishment Committee.  
\$50.00

*H. Butler*

Vocational Officer.

ACCOUNT NO.	6137	<i>EW</i>
DATE		
AMOUNT		
<i>J. A. Spencer</i>		

*J. C. R.*

ST. JOHN'S,

MAR 1 1919

# Royal Newfoundland Regiment.

Billeting Account,

To Mrs. A. Gardner  
Franklin Ave

Billeting Soldiers as undermentioned

from Mar 10<sup>th</sup> /19 to Mar 15<sup>th</sup> /19

3884 - L/c J. Spencer 6 60

Btm. Ev.  
12884

Certified correct for \$ 6.60

Joseph D. Lawrence  
A.S. J. D. Spencer  
Billeting Officer.

WWB/EB

September 15, 1919.

Captain Howley,  
O. I. C. Pay and Records.

ACCOUNT		INITIALS	<i>J.A.</i>
CH. NO.	<i>11029</i>	INITIALS	<i>J.A.</i>
IND. LEDGER		INITIALS	
PAY LEDGER		INITIALS	
GEN. LEDGER		INITIALS	

John Albert Spencer 3884.

Kindly pay to the man named in the margin,  
The sum of two hundred and ten dollars,  
as set forth below. Charge the same to the Civil Re-establishment  
Committee.

Half year's fees at the Wesley Theological College 160.00  
Transportation \$50.00 Total \$210.00

*W. Marshall*  
Vocational Officer.

*John Albert Spencer*



EXTRACT FROM STATEMENT OF A/C TO 31-1-19 FROM PAY & RECOVERY  
OFFICE. LONDON

3884 L/C Spencer, J. Dr Bal £1:10:7

This transferred to Pay Office 7-4-19

C.R. 3884

Extract from Nominal Roll Draft No. 36, 800 Other Ranks  
from 2nd Reserve Batta. Royal Newfoundland Regt., and proceed-  
ed to join the 1st., Battalion of the Royal Wfld., Regt.,  
B.E.F. Embarked Southampton 4/8/16.

3884 L/C. J. A. Spencer.

CR! 3884

Extract from Nominal Roll Embarked St. John's for Overseas,  
per S.S. "Florizel" Aug. 4, 1917.

3884 Pts. J. Spence.

C.R. 3884

Extract from DailyOrders Part 11 Unit The Royal Nfld. R  
Regt., St. John's, June. 27th, 1917.

3884 Pte. J.A. Spencer.

Attested this day, posted to F. Coy, and assigned  
number as shown.

3884

Left John a Speyer  
Shearstown

C.R. 3884  
Hi Grace

Form 5

# Newfoundland Postal Telegraphs.

Prefix \_\_\_\_\_ SERVICE MESSAGE

Time received \_\_\_\_\_ by \_\_\_\_\_ Time sent \_\_\_\_\_ by \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Office Stamp and Date.

APR 20 1918

Postal Hon. J. R. Bennett  
Hi Grace -  
message of 19 Mrs  
Susanah Badcock  
undelivered no such party  
there that name.

C.R. 3884

Extract from Medical Board held on TUESDAY AFTERNOON  
MARCH 11th/19 the following were the findings.

3884 L/C. J.A. SPENCER

Recommended discharge from the Army,  
ADVISE EXAMINATION OF THROATBY SPECIAL.

C.R. 3884

Extract from Daily Orders Part 11 Unit The Royal Nfld.  
Regt. St. John's, 11-2-19.

The undernoted returned from Overseas and reported to  
Depot 7-2-19.

Repatriated on A.F.B179.

3884 L/C. John Spencer.

C.R. 3884

Extract from Nominal Roll of the Royal Nfld. Regt.  
Embarked S.S. Corsican, Jan. 30th, 1919.

3884 L/C. Spencer.



C.R. 3884

Extract from Daily Orders part II, Depot "Winchester  
dated 24-12-18. by Lieut. Col., B. J. Barton, DSO.  
Officer Commanding 2nd., Battalion of the Royal  
Newfoundland Regiment

*Duties Pay & Record Office London*

The undermentioned returned from the ~~1st.~~ ~~Battalion~~  
and reported at the depot and was posted to "H" Co.,  
from 23-12-18. □

3884 L/C. J. Spencer.

C.R. 3884

Extract of Casualties from Pay & Record Office London, dated Dec.  
23/12/18.

The undermentioned was struck off the strength of the P.& R.O., London  
and proceeded to join the 2/Bn., Winchester, 23/12/18.

3884 L/C. J. Spencer.

O. 1/c Records Nfld, Contgt.

R. 3884

Extract from orders by Lt. Col., B. J. BARTON  
Commanding 2nd. Battalion of the Newfoundland  
Regiment dated 28-9-18.

# 3884 L/O Spencer.

The above mentioned have reported back from  
Command Depot and are taken on the strength  
and posted to H. Company. from 27-9-18.

C.R. 3884

Extract from Casualties received from P.E.R. Office London,  
Sept.3,1918.

3884 L/Cpl. J. Spencer. .

Was discharged from the No.2,Infantry Command Depot on 10/9/18  
furlough from to 19/9/18. Category.

Authority: A.F. W.3016. from Command Depot.

CRI 3884

Extract from Casualties received from London, dated  
May 7, 1918

#3884 L/C. J.A. Spencer.

The abovementioned were discharged from the 4th London  
General Hospital on 6/5/18, and are granted furlough to  
15/5/18. All are classified 11, Command Depot.

Authority:- A.Fs. W.3016 from 4th L.G.H.

C.R. 3884

Extract of Daily Orders Prt II Royal Newfoundland  
Regiment Depot St. John's dated April 1st 1919.

---

The Discharge of the undernoted on Demobilization  
has been CONFIRMED by Officer i/c Records from  
noted date.

3884 L/C. John Spenger.

29/3/19.

CR 3884

Extract of DAILY ORDERS PART II ROYAL NEWFOUNDLAND  
REGIMENT DEPOT ST. JOHN'S DATED MARCH 18th/19.

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The Discharge of the undernoted on Demobilization has been  
APPROVED by O.C. Discharge Depot from noted date.

#3884 L/C. John Spencer.

15/3/19.

W4 1115521141-117. 400,000 Pads. J. T. & S., Ltd. (E 778) Gen. No. 5700

If a General Mobilization is ordered every soldier on pass must return immediately to his unit without waiting for instructions.

No. \_\_\_\_\_

Regiment Royal Newfoundland Army Form B 295.

**PASS.**

(In pads of 100.)

No. 3884 (Rank) L/Cpl. (Name) J. A. Spencer

has permission to be absent from his quarters, from

6 p.m. to 6.30 a.m.

for the purpose of proceeding to \_\_\_\_\_

(Station) London S. W. NEWFOUNDLAND CONTINGENT

Commanding.

(Date) 13/11/18

*Cancelled*  
*23/12/18*  
*Anderson*  
CHIEF QUARTERMASTER & OFFICER I/O RECORDS

CROWN COPYRIGHT RESERVED



F.Coy.17 Camp.  
No 2.I.C.D.  
Ripon.

22<sup>nd</sup> July 1918

Officer Commanding  
Pay & Record Office  
Royal N.F.L.D.Reg't,  
53 Victoria St.  
London S. W.

Dear Sir,  
Please forward a statement of my accounts  
so as I can draw any cash that is to my credit.  
Yours truly

*J. A. Spencer*  
3934. Lce.Cpl.

*[Handwritten signature]*

*Daw*  
30 JUL 1918

*Pay*

9553

Commandant,

Northern Command Depot,

Ripon, Yorks.

14th, June 1918.

3884. L/C., J. A. SPENCER,  
ROYAL NEWFOUNDLAND REGIMENT. ✓

Letter from the above named Soldier 9/6/18 (5202) for  
attention as customary, please.

*Th*

I hereby certify  
that the mother of  
John Spencer is a  
widow

#  
3913

L. L. Linsley

Certified to read

R. J. Moo  
Captain

U. S. G.

From :-  
Regimental Paymaster,  
(Central Section)  
Lichfield.

To :-

C. P. 58 Victoria St.  
London, SW

*Rec'd*  
*1*

Passed to you for necessary  
action, please.

NEWFOUNDLAND CONTINGENT, PAY & RECORD OFFICE.	
Ref. Nos. by	
Rec'd	22 JUN 1918
Ack'd	
Ref. Nos.	
By	<i>[Signature]</i>
1918.	

*Debit Bal*  
*9/9*  
*to 15<sup>5</sup>/<sub>18</sub>*

Lt Colonel,  
Regimental Paymaster,  
Lichfield.

15911/1694/P&A .

Officer Commanding,  
2/Bn. Royal Nfld. Rgt.,  
Winchester.

October 2nd. 8

REMITTANCE FROM NEWFOUNDLAND.  
3884, L/Cpl. Spencer. R.N.R.

With reference to Memorandum from Officer Commanding, "F" Company, 1/10/18, (8462): No remittance has been received from the Minister of Militia on account of the above-named Soldier from August 1st, to present date, please.

Major,  
Chief Paymaster & O i/c Records.

FM/NM.



Chief Paymaster.

Remittance from Sgd.

On 5th Aug. 1918, Mrs. S. B. Spencer of Shearstown, wired £20.00 to her son, 3884, Lcc. Corp. Spencer. The latter is not aware through what source it was sent.

Have you any record of the transaction in your Office, please?

84621  
Lieut. *Leslie Murphy*  
Capt.

O.O. "F" Coy.

2nd BATT. ROYAL NEWFOUNDLAND REGT.

15911/1694

Genl.  
P.M.  
H.O.C.  
B.S.E.  
P.S.  
*9/10/18 Jm*



To Coy 17 Camp Hut 3  
North Camp  
Ripon Yorks  
22<sup>nd</sup> June 18

Chief Pay Master  
Royal Wfld Regt  
58 Victoria St  
London S.W.

Dear Sir,

Please forward  
all cash to my credit up to 31<sup>st</sup> May  
including ten days ration money,  
per Hospital Leave May 6-15.

Yours truly  
"3864" J. A. Spencer  
Lieut. Col

NEWFOUNDLAND CONTINGENT	
PAY & RECEIPT OFFICE	
Ref. Nos. 14	6859
Rec'd	28 JUN 1918
Ack'd	Ans'd
Ref. Nos. 001	
LONDON	
By	
[Signature]	
27/6/18	

115

$$\begin{array}{r} 155 \\ 53 \\ \hline 385 \\ 12-4 \\ 3-2 \\ \hline 15-10 \end{array}$$



**NEWFOUNDLAND POSTAL TELEGRAPHS.**

GR 3884

**Cable Connection with all the World****All Messages Sent are Subject to the Following Conditions:**

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

**(NOT TRANSMITTED)**

Signature of Sender *J. R. Bennett* Address **Dept of Militia**

Line Number	Rcd.	By	Sent	by	Check

Date **April 20th, 1918**

**Mrs. Susanah Badcock, Shearston, Hr. Grace**

Regret to inform you that Record Office, London, officially reports **No. 3884, L/Cpl. John A. Spencer at St. James Infirmary, Balham G.S.W. neck G.S.W. left shoulder.**

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

**J. R. Bennett**

Acting Minister of Militia.

**FOR TYPEWRITER**

Major Tunnewell,  
Royal Newfoundland Regt.  
Pay & Record Office  
Dear Sir,

London  
3-12-18

Trusting it will not be intruding too much on your valuable time, I beg to ask you to consider this note.

You will, Sir, I think, already understand that when I enlisted in the Regiment, I was a "Probationer in the Methodist Ministry in Newfoundland."

As I have about three more years to go before my course is complete, I wish to get back to Newfoundland to begin work afresh as early as I could in 1919.

Now that the war is, we might say finished, and I am B.F. I feel justified in asking this favour. I shall feel obliged if you will let me have your view on the subject. Also, if it would meet your favour, I should like to have an interview with you at your earliest convenience.

I have the honour  
to be Sir,

Your obedient servant  
J. A. Spencer

(3824)

X

## NEWFOUNDLAND CONTINGENT

NFP/82.

COPIES SENT		TO	NO.	SEPARATION ALLOWANCE
1. Regimental No. and Rank		M. OF M.	11430/14/17/17/18	2884 Lance Corporal
Name		2ND. BR.		John A. Spencer
Unit				2nd Newfoundland Regt.
2. Full Name of Dependent.				Russanok Spencer DeLoach
3. Address				Shearstown Newfoundland Regt
4. Have you made previous claim for Separation Allowance? If so, state particulars.				No
5. Is Separation Allowance being paid on your account to anyone in Nfld or elsewhere?				No
6. Date of Marriage.				
7. Name and Address of your last Employer.				Methodist Conference, Nfld
8. The amount of your salary or wages immediately prior to Enlistment.				\$400.00 Per year
9. Are your wages or any portion being paid by your employer during your absence?				No
10. If paid, what is the amount per month?				
11. Name of Corps prior to enlistment in the Nfld Contingent.				

I CERTIFY that the above is a true statement.

John A. Spencer

Signature of Officer forwarding this application.

C. White LIEUT. COLONEL  
COMMANDING 2nd BN. NEWFOUNDLAND REGT.

Unit 2nd Nfld RegtDate 4 Jan 1918

## Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

I am undergoing treatment for my throat. and if this is successful will resume my former occupation.

J. A. Spencer

Signature of Man.

Reg. No. 3884

Signature of the Vocational Officer or his Representative.

Place

S. Johnson

Date

March 14 1919

March 29, 1919

#3884 L/C. John A. Spencer,

Shearstown,

Hr. Grace Dist.

Dear Sir:-

Please find enclosed "Discharge Certificate

No. 1525."

Yours truly,

Captain,  
Paymaster & U. S. Records

# The Royal Newfoundland Regiment

Class for Demobilization:—

B

Report of Demobilization  
Travelling Board, held on soldier for  
discharge.

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date .....

10 3 19

Regimental No. *3886*...

Name .....

Spencer

John A.

96

Address .....

Present Medical Category.....

Recommended for:—

(a) ~~Immediate discharge~~ .....

(b) Standing Medical Board.....

Members of Board

R. H. Lait Capt

O.C. Discharge Depot.

H. H. H. H. H.

Senior Medical Officer

J. W. Borden

M. O. Depot

#3884 L/Cpl. John A. Spencer,

April, 3rd., 1919

Shearstown,

Bay Roberts.

Dear Sir:-

Referring to your application I enclose cheque for  
Seventy dollars (\$70.00), being amount of first payment due  
you on account of the "War Service Gratuity."

Yours truly,

Captain,  
Paymaster & Officer i/c Records

## NEWFOUNDLAND CONTINGENT

NFP/82.

## SEPARATION ALLOWANCE

1. Regimental No. and Rank	3884 Lance Corporal
Name	John A. Spencer
Unit	2/1st Newfoundland Regt.
2. Full Name of Dependent.	Susannah Spencer Badcock
3. Address	Shearstown, Newfoundland
4. Have you made previous claim for Separation Allowance? If so, state particulars.	No
5. Is Separation Allowance being paid on your account to anyone in Nfld or elsewhere?	No
6. Date of Marriage.	-----
7. Name and Address of your last Employer.	Methodist Conference, Nfld.
8. The amount of your salary or wages immediately prior to Enlistment.	\$400.00 per year
9. Are your wages or any portion being paid by your employer during your absence?	No
10. If paid, what is the amount per month?	
11. Name of Corps prior to enlistment in the Nfld Contingent.	

I CERTIFY that the above is a true statement.

John A. Spencer

Signature of Officer forwarding this application.

C. W. Whittaker, Lieut Colonel  
Commanding ~~2/1st Newfoundland Regt.~~

Unit 2/1st Newfoundland Regt.

Date 4th January 1918



DUPLICATE  
MAIL COPY

NEWFOUNDLAND CONTINGENT

NFP/82.

Posted.....

SEPARATION ALLOWANCE

1. Regimental No. and Rank	<u>3884 Lance corporal</u>
Name	<u>John A. Spencer</u>
Unit	<u>2/1st Newfoundland Regt.</u>
2. Full Name of Dependent.	<u>Susannah Spencer Badcock</u>
3. Address	<u>Shearstown, Newfoundland</u>
4. Have you made previous claim for Separation Allowance? If so, state particulars.	<u>No</u>
5. Is Separation Allowance being paid on your account to anyone in Nfld or elsewhere?	<u>No</u>
6. Date of Marriage.	<u>-----</u>
7. Name and Address of your last Employer.	<u>Methodist Conference, Nfld.</u>
8. The amount of your salary or wages immediately prior to Enlistment.	<u>\$400.00 per year</u>
9. Are your wages or any portion being paid by your employer during your absence?	<u>No</u>
10. If paid, what is the amount per month?	
11. Name of Corps prior to enlistment in the Nfld Contingent.	

I CERTIFY that the above is a true statement.

John A. Spencer

Signature of Officer forwarding this application.

C. W. Whittaker, Lieut Colonel  
Commanding 2/1st Newfoundland Regt.

Unit 2/1st Newfoundland Regt.

Date 4th January 1918

LM-

August 18, 1920

Mrs. Susannah Badooc,  
Shearstown,  
BAY ROBERTS.

Dear Madam:

I enclose cheque for \$59.33, being balance of Separation Allowance due you previous to your son's discharge, the allotment being cancelled in error; also a cheque for \$120.00 being the amount due you on account of Separation Allowance (War Service Gratuity).

Yours truly,

Major  
Paymaster.

Enc. 2





**THE ROYAL NEWFOUNDLAND REGIMENT**  
**HEADQUARTERS**

*St. John's, Newfoundland,*

March 14th, 1919 191

From Officer Comanding,  
Discharge Depot  
Office of D.M.S.  
To ~~Board of Pension Commissioners,~~  
Militia Bldngg

3884 L/C. J. Spencer

Above noted man was before the Standing Medical Board  
on 11-3-19 and was recommended for discharge as perman-  
ently unfit and requires examination of the throat.

His discharge on demobilization has been approved by the  
Officer Commanding, effective from 15-3-19 and I am send-  
ing him herewith for your attention and necessary action please.

Copy of his Medical Board will be forwarded you in due  
course.

*W. H. C. Case*

Asst. Adjt. Discharge Depot

Copy to Bd. of Pension Commissioners

October, 29th., 1917.

Rev. S. Bennett,  
Bay Robert's.

Rev. & Dear Sir.-

Referring to your letter of Oct., 8th., I beg to state, that in the form of Declaration of Allotment, which we have in this office for No. 3884 Pte. J. A. Spencer, name of the payee reads, Mrs. Susannah (George) Badcock, and I do not understand how it is that she is unable to cash cheques payable to Mrs. George Badcock.

I am, however, changing name so that future cheques will be payable to Mrs Susannah Badcock.

Faithfully yours,

Capt. & Paymaster.

Bay Roberts  
Oct. 18<sup>th</sup> 1917

J. M. Howley Esq.  
Dep. Paymaster.  
Regimental Pay Dept.  
St. Johns.

Dear Sir!—

Permit me to draw your attention to the fact, that a mistake has occurred re the name of the mother of Private J. A. Spencer, No 3884, S. Coy. His name is Susannah Spencer Badcock.

A cheque has been sent her, drawn in favour of Mrs Geo. Badcock, and she is unable to cash it owing to the mistake in the name.

She has placed the cheque into my hands, and I shall be obliged if you will instruct me as to whether I shall return it to you a piece or not. I may say, that this is the second time the mistake has occurred, and I shall deem it a favour if you will see that the name on the records is corrected, in order to prevent a repetition.

Yours truly  
(Rev) S. Bennett.

Shearwater  
Bay, P.O. No. 1

Office in Charge

pay depts

Dept of Militia

L. Johns

Dear Sir

Some time ago

A letter was sent from your office containing cheque  
for the amount of allotment of my son John A Spencer no 3884  
but letter was addressed to Mr Geo. A. Badcock the  
letter was returned to your office again, please fix up  
cheque and send it on to me and you will greatly

Oblige me

Respectfully Yrs

Susannah (Spencer) Badcock

Address

~~Mr~~ Susannah Badcock

Shearwater North Side

Shearwater

FIRST NEWFOUNDLAND REGIMENT.

MOTHER.

(Separation Allowance Branch.)

27 3-19

Notice.

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply, must be given to each question.

Each statement is considered as being made on Oath and the

form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace, and returned to.

THE PAYMASTER  
Separation Allowance Branch,  
St. John's Nfld.

1. Name in full of Soldier. Rank Reg't. or Unit Reg't. No. *3884*

*John A. Spencer. Corp. Nfld. Regt.*

2. Age of Soldier

*26 years.*

Married or Single.

*Single.*

3. Name in full of Mother. Age Occupation Permanent Address.

*Susannah Badcock. 63. Housewife. Shearstown  
Bay Roberts.*

4. Give name of your husband. Age Occupation Where employed.

*Deceased.*

5. If your husband is not supporting you state the reason.

6. If your husband is a chronic invalid and totally incapacitated state nature of malady. (A medical certificate must be enclosed with this document stating from what date husband has been totally incapacitated and for how long incapacity is likely to continue)

*170  
9.33*

7. If you are a widow, state date and place of death of your husband.

*24th March, 1905. Shearstown.*

8. Have you married again since death of above mentioned husband?

*No.*

9. Names of your other Children Address in Full. Age. Occupation Married or Single.

<i>Wm. Spencer.</i>	<i>Country Rd.</i>	<i>36 yrs</i>	<i>carpenter</i>	<i>married.</i>
<i>Mrs. Mary French.</i>	<i>Cambridge, N.S.</i>	<i>38</i>	<i>" Housewife</i>	<i>"</i>
<i>Clement Spencer.</i>	<i>"</i>	<i>31</i>	<i>" Carpenter</i>	<i>"</i>
<i>Mrs. Jane Green</i>	<i>Green's Hwy S.B.</i>	<i>30</i>	<i>" Housewife</i>	<i>"</i>
<i>Miss Annie Spencer.</i>	<i>New York, N.Y.</i>	<i>28</i>	<i>" Housework.</i>	<i>Single</i>
<i>Ernest Spencer</i>	<i>Shearstown</i>	<i>29</i>	<i>" Carpenter</i>	<i>married</i>
<i>Mrs. Susie Hedderon</i>	<i>Cambridge, N.S.</i>	<i>29</i>	<i>" Housewife</i>	<i>"</i>



10. State amount earned by (a) yourself (b) Your husband (b) *None*

11. State amount and source of any other income. *None.*

12. State value of Real Property belonging to you and your husband. *#200.00*

13. State value of personal property belonging to you and your husband. \_\_\_\_\_

14. If husband is dead state value of Real and personal Property left by him. \_\_\_\_\_

15. Actual amount contributed by soldier during the year prior to enlistment. *Can't state amount. <sup>Contributed to</sup> He kept <sup>for</sup> mother.*

16. Was this amount contributed weekly or monthly. *Monthly*

17. Did this amount include payment of son's Board, etc. *No.*

18. State your son's trade or occupation prior to enlistment.

*Probationary Methodist Ministry*

19. State amount of his wages per week.

*Don't exactly know.*

20. State name and address of his last employer.

*Method. Conference.*

21. State amount of support monthly from son since enlistment.

22. State amount of Allotment received by you from son monthly. *#16.60 a month*

23. From what date did you receive Allotment? *Sept. 1917.*

24. Actual amount contributed by other children } Weekly Monthly

*Consect per diem*  
*at \$1.00*  
*W. G. B.*

25. Are any of these children in the employ of you or husband? \_\_\_\_\_

26. **Is not** receiving support from other children state cause. Explain fully. *They have their own families. John Spencer is my youngest son and supports me.*

27. With whom are you residing at present. *Arrest Spencer, married son.*

28. Have you made a previous claim for Separation Allowance? If not, Why? *No. My son wrote & told me he had written about separation allowance.*

29. Are you already in receipt of Separation Allowance from any source? If so, how much? *No.*

*Separation Allowance August 11/17*

- 30. Are you in receipt of any payment from any Patriotic Fund? If so, How much.  
*No.*

---

- 31. Was the Soldier at time of his enlistment an employee of the Newfoundland Government.  
*No.*

---

- 32. In what capacity and in what place. \_\_\_\_\_

---

- 33. Is he in receipt of a salary as much while serving in the 1st. Nfld. Regt. If so, how much.  
*No.*

I herewith make this solemn declaration conscientiously believing the same to be true and knowing it to be of the same force and effect as if made under Oath and in virtue of the Evidence Act.

Signature of Applicant..... *Susannah <sup>Her</sup> Badcock*  
*Witness: Chas. Russell, J.P.*  
 Place of Residence ..... *Shearstown, Bay Roberts, Nfld.*

Declared and subscribed before me at..... *Bay Roberts.*

this *26th* day of *March* 191 *8.*

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace.

*Chas. E. Russell*  
*Justice of the Peace.*

This application must be signed by two responsible parties one of whom must be a Clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge after careful investigation, the above statements are correct, and the above Soldier, first mentioned, is the sole support of the applicant.

Signature of Clergyman ..... *S. Bennett, Methodist Clergyman.*

Signature of Member of Patriotic Fund Committee. .... *Chas. E. Russell.*

*Approved April 11th 1918*

*W.P.R.*  
*[Signature]*

*[Signature]*

B261

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th, 1919.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any question are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

Christian name *John*..... 2. Surname *Spencer*.....

3. Rank *2. cpl.*..... 4. Regt. No. *3884*.....

5. Address in full to which future payments of gratuity are to be forwarded... *Shearstown Bay Roberts*.....

6. Date of enlistment in the Regiment... *June 1917*.....

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....

*Jessanna Badcock Spencer*.....

8. Relationship of such dependents... *Mother*.....

9. Address in full of such dependent... *Shearstown Bay Roberts*.....

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *Not applicable*

11. Were you on active service only in Nfld. If so, give dates, and particulars of such service... *Not applicable*.....

12. Give total length of time which you served on active service, whether in Nfld. or Overseas... *one year two hundred and seventy six days*.....

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.....

*Not applicable*

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.....

*not applicable*

15. Have you been issued with a War Service Badge? *No. applicably.*

16. Have you, during the present war, served in the Imperial Forces. *No.*

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *Not applicable*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *Not applicable*

(b). If so, was such reversion in consequence of misconduct or inefficiency? *not applicable*

19. Are you now serving in the Regt.? *No.* If not give:- (a) Date of discharge... *29 March 1919*

(b) Reason for discharge... *Demobilization*

20. Did you at any time serve at the front in an actual theatre of war? If so give particulars of places, and dates of such service....

*Pushed ahead Feb. 1918. Arrived home April 1918*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com.?

(b). If (a), are you in receipt of full pay and allowances from that Committee.....

*Not applicable*

and I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath.

Signature of Applicant: *John A. Spence*  
 Place of Residence: *Shyanston, Bay Roberts*  
 Declared before me at: *St John's Afield.*  
 This *15<sup>th</sup>* day of *March* 19*49*

*[Signature]* *Barister at Law*  
 Notary Public, Justice of the Peace, or Commissioner of affidavits.

POST DISCHARGE PAY.				War Service	Net amount
Date paid	Paid Soldier	Paid Dependent	Gratuity		due
.....	.....	.....	<i>4 wos.</i>	.....	<i>280.00</i>
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
Certified Correct,				Paymaster.	

**FORM K**

No 3331



**1st. NEWFOUNDLAND REGIMENT**

**ALLOTMENTS**

I, *John A Spence*, Regl. No. *3884*

hereby agree, until further notification by me, and in similar official form to make an Allotment of *Sixty* Dollars and *Sixty* Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup>/<sub>or</sub> Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup>/<sub>or</sub> Persons concerned, viz :

Allotment begins *August 1<sup>st</sup> 1917*

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<i>3291</i>	<i>mother of 2</i>	<i>Spence (Pte)</i>	<i>Badcock, Pleasant Town North Side Bay Roberts</i>	<i>60</i>
Total Allotment, \$				<i>60</i>

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, countersigned by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

(Sig.) *[Signature]*  
 Officer Commanding  
 Company  
*John A Spence*  
 July 31<sup>st</sup> 1917

(Sig.) *John A Spence*  
 (Rank) *Pte.*



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, John A Spencer, Regl. No. 3884

hereby agree, until further notification by me, and in similar official form to make an Allotment of Five Dollars and 100 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup> <sub>or</sub> Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> <sub>or</sub> Persons concerned, viz :

Allotment begins January 1<sup>st</sup> 1917

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3296	mother	4 <sup>th</sup> Street (Leo)	Brebech Pleasant Town North Side Bay Roberts	60
Total Allotment, \$				60

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, counter signed by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

(Sig.) [Signature]  
Officer Commanding  
Company  
[Signature]  
July 31<sup>st</sup> 1917

(Sig.) John A Spencer  
(Rank) Pte

No. 3884 Rank R/Cpl Name Spencer J

Pay	F.A.	Wkg	Total
105	10		115
Less Allotment			60
Net Rate			55

N.W. 0253

DEBITS	Date	£ s d			CREDITS	Period		Days	Rate	£ s d			
						From	To			£	s	d	
Balance				Balance <del>to</del> W. boy		15	3/8			1	15	2	
Acquittance Rolls		3	13	4	Pay @ Net Rate	16	3/8	6	5/8	80	55	44	00
Hospital Advances			5	0	Ration Allow						1	0	10
A.B. 84. (75 francs)			15	4	10 days @ 47 1/2	7	5/8	16	5/8	9	55	49	5
P.&R.O. Payments			2	9	<del>6-11-18</del>								
1st Bath 7-256			2	9									
4-19-5 cash 6959	6/5/18	6	10	0									
11-9-5 M.A. 7r.		1	18	0									
13-4-5 Hospital Advance			2	6									
13-6-11													

~~11-13-5~~  
 12-17-7

4-19-5  
~~11-9-5~~  
~~13-4-5~~  
 13-6-11  
 OK  
 6/5/18  
 -9-9



C.R.3684

Extract of Casualty received from Pay & Record Office, London,  
dated 6th May 1918.

3884 L/C. J.A. Spencer.

Wounded 13/4/18.

Auth: O.C. Unit 22/5/18.

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (vi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.  
 In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service for consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

## Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps.....
2. Regtl. No. 3884 3. Rank. 1 col
4. Name Spencer John A.  
(Surname) (Christian Names)
5. Age last birthday. 26....
6. Posted for duty on..... at.....  
 in category (or grade).....
7. Former Trade }  
 or Occupation }
- 7a. If the soldier claims previous service in Army, he should state—  
 (a) Former Regts. or Corps ;  
 with Regtl. Nos.
8. If the disability is an injury was it caused  
 (a) in action (b) on field service  
 (c) on duty (d) off duty? (b) Date of Discharge ;  
 (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—  
 (a) When (d) Particulars of Pension or Gratuity  
 (b) Where (if any)  
 (c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 a (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

### Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

11. Date of origin of disability.

G. S. W. neck & shoulder.  
April 19, 18.

12. Place of origin of disability.

Armentieres

13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.

He received a bullet wound through neck. Treated

at 4th London Discharged Command depot for treatment were classified B.II. Category

14. State whether the disabilities are
- |  |                     |                   |
|--|---------------------|-------------------|
| (i.) Service during the present war                      | (a) attributable to | (b) aggravated by |
| (ii.) Previous active service                            | <i>No</i>           | <i>No</i>         |
| (iii.) Climate in pre-war service                        | <i>No</i>           | <i>No</i>         |
| (iv.) Ordinary military service before the war           | <i>No</i>           | <i>No</i>         |
| (v.) Serious negligence or misconduct on the man's part. | <i>No</i>           | <i>No</i>         |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? *N.A.*

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, etc., a specialist's report is to be obtained with radiographs where possible and in cases of amputations the exact position should be stated.

15. What is his present condition?

(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

*Two scars left side of neck and Right scapular*  
*Rizin Weatherson of Right Arm. Slight*  
*wasting of Anusils shoulder and Arm. Grip*  
*Weak.*

16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
18. \*In the case of loss or decay of teeth.—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend—

- (a) Discharge as permanently unfit?  
 (b) Change to United Kingdom?

Note—(b) is only applicable to soldiers invalided at Foreign Stations.

*Repatriation*

*Medical Officer*  
 NEWFOUNDLAND

Medical Officer in charge of case.

Station *NEW BRUNSWICK*

Date *17 JAN 1918*

\* Loss of teeth on or immediately after active service, should be attributed thereto, unless there is evidence that it is due to some other cause

OPINION OF THE MEDICAL BOARD.

NOTES.—(1) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

21. Give diagnosis and particulars of:—

- (a) Any disability claimed or discovered.  
 (b) The present condition thereof.

22. State whether the disabilities are:—

(a) Attributable to (b) Aggravated by

- |  |       |       |
|--|-------|-------|
| (i.) Service during the present war                              | ..... | ..... |
| (ii.) Previous active service                                    | ..... | ..... |
| (iii.) Climate in pre-war service                                | ..... | ..... |
| (iv.) Ordinary military service before the war                   | ..... | ..... |
| (v.) Serious negligence or misconduct on the part of the soldier | ..... | ..... |
- Give details:

- 22 (a). If not due to any of these causes, to what specific condition do the Board attribute it? .....

23. Is the disability in a final stationary condition? If not

- (a) How long is the present degree of disability likely to last?

- (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24c.



## Descriptive Return of a Soldier Discharged on Account of Disability.

**INSTRUCTIONS**—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. I/c Records together with the remainder of the man's documents.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

Name in full *John A. Spences*

Regiment from which discharged *Royal Newfoundland*

Regimental number *3884*

Intended address *St. John's St. George*

Height on discharge *5 Feet 5*

Color of hair on discharge *Brown Light*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *Scars feet & shoulders*

Figure on discharge *Medium*

Christian name of Father *—*

Christian name of Mother *Susanna*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Colley's Pt. Bay Roberts 1-8-1894*

Nature and locality of civil employment required

I declare that I, am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full)

*John A. Spences* (Rank) *Private*

Station

Date

*10-3-19*

I certify that the above named soldier signed the foregoing declaration in my presence and that the above description and details are, to the best of my knowledge correct.

Medical Officer of the Hospital,  
Unit, or Command Depot.



Station

Date

Fold Here

---

**ON HIS MAJESTY'S SERVICE**

To the Officer in Charge of Records,

**The Royal Nfld Regt.,**

**Dept of Militia,**

**St. John's Nfld.**

---

Fold Here

July 8th. 1921. 1917.

The accompanying King's Certificatè, on his discharge,

(No. 1304), is forwarded herewith to

John A. Spencer,

in respect of his service as No. 3884 Rank L/Cpl.

Name John A. Spencer, Corps Royal Nfld Regt.

Receipt of the same should be acknowledged hereon.

Received The King's Certificate. *HG*

Signature J. A. Spencer

Date July 13th, 1921.

Address Shearstown, C. B., Newfoundland.

Receipt for Army Book 64

No. 3884 Name J. A. Spencer

To Certify that I have received the AB 64 of the above  
named soldier.

Name J. A. Spencer

Date 31-8-20

Place Heartsong, N. H.

H.B. For completion and return to the Department of Militia  
insert in corner of envelope "AB 64"



RECEIPT.

CR. 3884

FOR ISSUE OF RIBAND OF VICTORY MEDAL 1914-1919.

I certify that I have received an issue of 2 inches  
of Riband of Victory Medal 1914-1919.

NO. 3884. NAME *J. A. Spence*

DATE. 2.6<sup>th</sup> Jan 1920  
PLACE. Montreal



Reg. No. 3884 Rank Cpl. Name Spencer John A.  
Attested ..... Address Shearstown H. Grace  
Allotment ..... Allottee .....  
Date of Allotment ..... Returned from Overseas 2-19  
Returned on S.S. .... Cause Discharge

11.3.19 Rec. Discharge from the Army.  
requires treatment of eyes.  
advise examination of Throat by  
Specialist

14.3.19 PASSED TO DEMOBILIZATION OFFICER

15.3.19 DISCHARGE APPROVED ON DEMOBILISATION

**Casualty Form—Active Service.**

Regiment or Corps *Royal Newfoundland*

Rank *Sgt* Surname *Spencer* Christian Name *John*

Religion *Meth* Age on Enlistment *23* years *0* months

Enlisted (a) *27-6-17* Terms of Service (a) *Duration* Service reckons from *27-6-17*

Date of promotion to present rank *22-10-17* Date of appointment to lance rank *22-10-17*

Extended ( ) Re-engaged ( ) Qualification (b) *Capt*  
or Corps Trade and Rate.

Occupation *Clergyman* Signature of Officer. *[Signature]*



Report.		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
		Embarked <i>Newfoundland</i>		<i>3-2-18</i>	
		Disembarked... <i>Rever</i>		<i>6-2-18</i>	
	<b>Wounded in Action</b>	<i>13/4/18 to 22/4/18</i>	Joined Battalion <i>15 FEB 1918</i>		
	<i>3 Aus CCS</i>	<i>Ad Swreck &amp; Shore Artillery</i>		<i>14/4/18</i>	<i>C.D 260 14/4/18</i>
	<i>24 Gen Sp</i>		<i>Etapes</i>	<i>14/4/18</i>	<i>Ad 22005</i>
	<i>"Miss a huge"</i>	Transferred to England		<i>14/4/18</i>	<i>W. 3013</i>
		<i>n 7 Filgate Capt</i>			
		<i>1/4 No. 2</i>	Infantry Section		
			<i>Brd Echelon</i>		

*[Handwritten signature/initials]*

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
(b) Signaller, Shoenig-Smith, &c.

*Temporary*

**Casualty Form - Active Service.**

Regiment or Corps *Newfoundland Regt.*

Rank *Cpl.* Surname *Spencer* Christian Name *J.*

Religion *Wes.* Age on Enlistment ..... years ..... months

Enlisted (a) ..... Terms of Service (a) ..... Service reckons from (a) .....

*Recruited from 131915*

Date of promotion to present rank ..... Date of appointment to lance rank .....

Extended (.....) Re-engaged (.....) Qualification (b) .....  
or Corps Trade and Rate .....

Occupation *Clergyman* ..... Signature of Officer .....

Report		Record of promotions, reductions, transfers, casualties, &c. during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
<i>2/9/18.</i>	<i>Ripon No. 1. T.M.B. (Cats. B.II) (two)</i>		Embarked ...		
			Disembarked...		
<i>19/9/19</i>	<i>NO. 2 Infantry Command Depot RIPON.</i>	<i>Posted to 2/1<sup>st</sup> Newfield: Regt Shawford W. Winchester.</i>		<i>McCarthy</i>	<i>Capt. &amp; Asst. Adjt. No. 2 Infantry Command Depot.</i>

*5564*

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
(b) Signaller, Stoeing-Smith, & Co (17501.) Wt. W 1887 - P 1124. 1,000,000. 6/18. D & S. Form B/103. (E. 1938.) [P.T.O.]

*Mother Shearman Bay Roberts Nfld. Can.*

*Temporary*  
**Squadron, Troop, Battery and Company Conduct Sheet.**

Army Form B. 121.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C.  
[1002] W1938/M489 500m 6/16/6 53 56

Forms  
B. 121.  
40.

Number of Sheet \_\_\_\_\_

Regiment of \_\_\_\_\_

Signature of O. C. Company \_\_\_\_\_

Regimental Number and Name No. <u>3884</u> <u>Spencer J.A.</u>		Enlistment Age on <u>24</u> years <u>6</u> months		Trade <u>Student</u>	Good Conduct Badges, Service Pay or Proficiency Pay <u>Promoted S/Corporal 22/10/17</u>
Joined _____ Date _____	Date of Enlistment <u>11/1/17</u>	Place and Date of Enlistment <u>St Johns 27-8-17</u>	Religion <u>Meth</u>		
Joined _____ Date _____					
Joined _____ Date _____	Period of { with Colours <u>2 7/8</u> years. with Reserve <u>3 6 1/2</u> years.	Place of Birth <u>Boleys Point.</u>			

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order disposing with trial	By whom awarded	REMARKS

*Demobilized St. Johns, 29 <sup>5</sup>/<sub>19</sub>*

To be carried over

Army Form B. 121.

# The Royal Newfoundland Regiment

*D 3884*

## DEMOLIBIZATION OF

Reg. No. *3884* Rank *Plt* Name *James J. Spencer*  
 Date of Enlistment *27. 2. 17* Address *Bay Roberts* District *St. John's*  
 Occupation *Carpenter* Classification for Discharge *P* Medical Category *F*  
 Recommendation S.M.B. *Physically Unfit* Disability Rating *40% 6 Mths*

Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1	
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	MB 2		" 6	
B 179c	B 120	M 93			

Date *14-3-19*

*H. Mews Junr*  
O. C. Discharge Depot.

### PARTICULARS FOR DEMOLIBIZATION

#### 1. Civil Re-Establishment.

I am.....in a position to resume civilian occupation.

*Pending treatment*

*J. A. Spencer*

Particulars passed to Vocational Officer for information and action.

Date.....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable *\$600.00*

(b) Clothing Supplied *Joseph H. Snowfoot*

Date *14-3-19*

O/c. Re-clothing.

3. ~~Transportation and Release Certificate.~~

The above named has been provided with Travelling Warrant No. .... to his home  
 at ..... and Release Certificate No. *1530* issued.

Date *14-3-19* ..... Demobilization Officer

4. ~~Pay and Allowances.~~

The herein named soldier's accounts have been correctly balanced and all matters in connection  
 therewith settled. He has received pay and allowances to *11-5-19*

Date *11-5-19* ..... Depot Paymaster.

Discharge approved for *15-3-19* .....

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 263	B 121	N.F. Med.	D.F. 1	
B 178	W 3494	B 122	Board 1st	" 2	<i>1 5/11 B</i>
B 178a	D 400A	B 1915	do 2nd	" 3	<i>2</i>
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B 179c	B 120	M 93			

Date *14-3-19* ..... Demobilization Officer.

APPROVED.

Documents as above forwarded to:-  
 Officer i/c Records.  
 Board of Pension Commissioners.  
 with following additional documents.

Eligible for War Service Gratuity

Date *MAR 15 1919* ..... O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.  
 Date *14-3-19* .....  
*Forwards*

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 3884 Rank Lt/Col Name Spencer John  
 Date of Enlistment 27.6.17 Address St. John's District St. John's  
 Occupation Surveyor Classification for Discharge D Medical Category E  
 Recommendation S.M.C. Physically Unfit Disability Rating 40% 6 Mths  
 Passed to Demobilization Officer with following documents:—

N.F. P 36	B 268	B 121	1	N.F. Med.	D.F. 1	1
B 178	1 W 3494	B 122		Board 1st	" 2	
B 178a	1 D 400A	1 B 1915		do 2nd	" 3	5
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	2 D 400C	Form K		do 4th	" 5	
B 179b	B 103	2 ME 2			" 6	
B 179c	B 120	M 93				

Date 14.5.19 H. M. ...  
O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.  
 I am                      in a position to resume civilian occupation. Pending treatment  
*J. A. Spencer*  
 Particulars passed to Vocational Officer for information and action.

Date: .....

2. Clothing.  
 Certified that Clothing Regulations have been complied with:—  
 (a) Clothing Allowance payable \$ 60.00  
 (b) Clothing Supplied Joseph H. A. Snowfoot  
 Date 14.3.19 O. C. Re-clothing

3. Transportation and Release Certificate.

*Sm Spent*  
 The above named has been provided with Travelling Warrant No. .... to his home  
 at ..... and Release Certificate No. *1530* issued.  
 Date *14-3-19* .....  
*C. B. Dicks*  
 Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection  
 therewith settled. He has received pay and allowances to *27-3-19*  
 Date *14-3-19* .....  
*H. M. ...*  
 Depot Paymaster.

**SUBJECT TO ADJUSTMENT OF OVERSEAS/PAY ACCT.**  
 Discharge approved for *3. 19*  
 Forwarded with following documents to O.C Discharge Depot.

N.F. P136	B 268	B 121	N.F. Med.	D.F. 1
E 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date *14. 3. 19* .....  
*C. B. Dicks C.M.*  
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.  
 Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

MAR 15 1919

*R. H. Sait Capt.*  
 O. C. Discharge Depot.

Date .....  
 O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.

Date .....



Demobilization Form 2.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 3884 Rank MC Name Spencer, John  
 Intended place of residence Shearston
2. Occupation Clergyman  
 Classification of soldier B Medical Category E
3. The above named man is discharged in consequence of..... **DEMOBILIZATION**.....

## Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.

Place .....

Date MAR 14 1919 ..... *H. Mous H.*  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

## CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place and date ST. JOHN'S ..... IN WITNESS WHEREOF I HAVE SIGNED MY ACCT.  
14-3-19 ..... *J. A. Spencer*  
 Signature of soldier  
 ..... *Joseph A. Snowling*  
 Signature of witness

## CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position, <sup>pending treatment</sup> to resume civilian occupation immediately on discharge.

Place and Date ST. JOHN'S ..... *J. A. Spencer*  
 Signature of soldier  
 ..... 14 3-19 ..... *W. Beaton*  
 Signature of witness

## STATEMENT OF SERVICE

7. Enlisted for service 27.6.17 No of days on Military  
 Discharged from service 15th 14 3-19 Plus 14 days Service 648

## APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.

Place ST. JOHN'S ..... *R. H. Lint Capt*  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment.  
 Date MAR 15 1919 .....

## CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place St. Johns Nfld ..... *M. Bowley Capt*  
 Officer i/c Records  
 The Royal Newfoundland Regiment  
 Date March 29 1919 .....

*20 B 2079/1525*

1  
 31  
 30  
 31  
 31  
 20  
 21  
 3  
 28  
 29  
 27

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.  
In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

## Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps.....
2. Regtl. No. *3884* 3. Rank. *Lt Col*
4. Name *SPENCER* *John A.*  
(Surname) (Christian Names)
5. Age last birthday.....
6. Posted for duty on..... at.....  
in category (or grade).....
7. Former Trade }  
or Occupation }
- 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps ;  
with Regtl. Nos.
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty ? (b) Date of Discharge ;  
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—  
(a) When (d) Particulars of Pension or Gratuity  
(b) Where (if any)  
(c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 a (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

### Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

- L.L.W. neck & shoulder*
11. Date of origin of disability. *APR. 1918*
12. Place of origin of disability. *Argentina*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *states he received a bullet wound through neck treated Fourth London, discharged to command Depot for treatment where classified B II category*

14. State whether the disabilities are
- |   |                     |                   |
|---|---------------------|-------------------|
| (i.) Service during the present war .. .. .                     | (a) attributable to | (b) aggravated by |
| (ii.) Previous active service .. .. .                           | <i>Yes</i>          |                   |
| (iii.) Climate in pre-war service .. .. .                       | <i>no</i>           |                   |
| (iv.) Ordinary military service before the war .. .. .          | <i>no</i>           |                   |
| (v.) Serious negligence or misconduct on the man's part .. .. . | <i>no</i>           |                   |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } *no a.*

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, etc., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition?  
*Two scars left side of neck & right scapular region weakness of right arm slight wasting muscles shoulder & arm grip weak*
- (A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)
16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend—
- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?
- Note—(b) is only applicable to soldiers invalided at Foreign Stations.

*Rehabilitation*  
*Medical - no.*

Station *11th BATT*  
*17 JAN*

Date .. .. .

Medical Officer in charge of case.

\* Loss of teeth on or immediately after active service, should be attributed thereto, unless there is evidence that it is due to some other cause

OPINION OF THE MEDICAL BOARD.

NOTES.—(i.) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

21. Give diagnosis and particulars of:—

- (a) Any disability claimed or discovered. *G.S.W. neck*
- (b) The present condition thereof.

*Two scars result of penetrating wound from anterior triangle of neck to the 5th or 6th cervical spine, injuring some of the nerve fibres supplying throat & arm. Voice affected. Arm weak*

22. State whether the disabilities are:—
- |  |                     |                   |
|--|---------------------|-------------------|
| (i) Service during the present war .. .. .                               | (a) Attributable to | (b) Aggravated by |
| (ii.) Previous active service .. .. .                                    | <i>Yes</i>          |                   |
| (iii.) Climate in pre-war service .. .. .                                |                     |                   |
| (iv.) Ordinary military service before the war .. .. .                   |                     |                   |
| (v.) Serious negligence or misconduct on the part of the soldier .. .. . | <i>no</i>           |                   |

Give details:

- 22 (a). If not due to any of these causes, to what specific condition do the Board attribute it? .. .. . *G.S.W.*

23. Is the disability in a final stationary condition? If not

- (a) How long is the present degree of disability likely to last?

- (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).
- (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

40% less worth-

25. If an operation was advised and declined, was the refusal unreasonable?

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?
- OR
- (b) In what other grade do the Board place him?
- (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalidated at a foreign station)?

Opinion of Military Member in case of disagreement.

Yes

Only to be answered when the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

Yes

28. Is treatment being recommended on Army Form B. 179c?

Advised Examination of throat by Specialist

29. Does the soldier require:—

- (a) An attendant for his journey home?
- (b) Transport from railway station to his home?
- (c) The constant attendance of another person in his own home?

Signatures:

Station *St. Johns* .....

Date *Mar 11<sup>th</sup> 1919* .....

*[Handwritten signatures]*

President or Chairman.

Members.

Discharge Approved under Para. 392 (xvi) King's Regulations.

Station *Director of Medical Service* .....

Date *MAR 11 1919* .....

*Clayton Macpherson*  
Officer in Charge, Central Hospital.

Only applicable in case of Patients in Hospital.

Discharge Approved under Para. 392 ( ) King's Regulations.  
or Transfer Approved to Class of the Reserve.  
(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station .....

Date .....

O.C. Discharge Centre.